

**The Katy Area Wrestling Club presents:**

## **Jared Frayer**

3x FL State Champion

Jr. National Champion OW

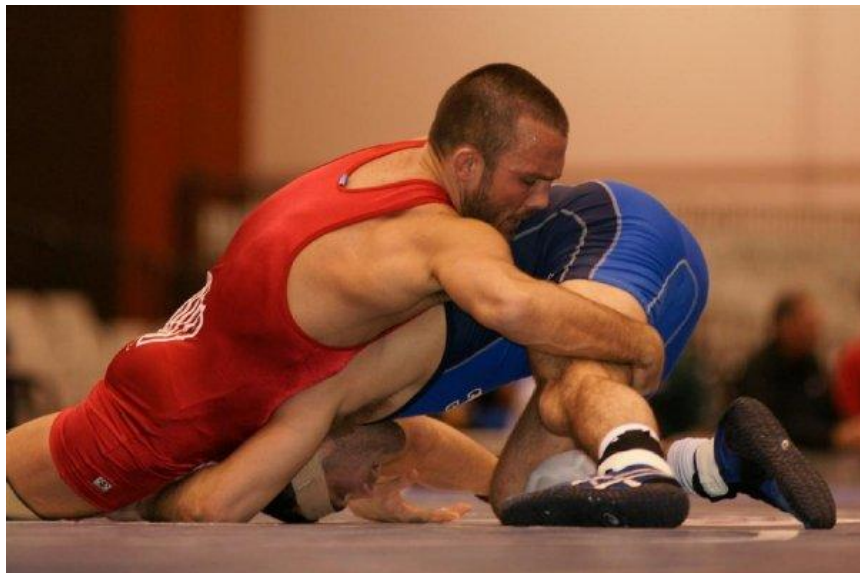
University National Champion

2x AA University of Oklahoma, NCAA Finalist

3x US National Team Member

Asst. Wrestling Coach Univ. of Iowa

2009 NCAA Div. I Champions



**June 11<sup>th</sup> – June 13<sup>th</sup> @ Westland Baptist Church Katy**

**Thurs: 1pm – 5pm, Fri: 1pm – 5pm, Sat: 9:30am – 2pm**

**\$125.00 per athlete (USA Card Required)**

## Camp Details:

**Dates:** June 11<sup>th</sup> – 13<sup>th</sup> 2009

**Location:** Westland Baptist  
1407 W. Grand Pkwy South  
Katy, Tx. 77494

**Thurs: 1:00pm – 5pm**

**Fri: 1:00pm – 5pm**

**Sat: 9:30am – 2pm**

**Cost: \$125.00**

**\*\* \$100 if paid by 6/1/09\*\***

**\*\* Must have current USA  
card\*\***

(available online at [www.themat.com](http://www.themat.com) or at  
camp)

**\$50.00 non – refundable deposit  
due with registration.**

**Direct mail registration / deposit to:**

## **Camp Director:**

**Vinnie Lowe**

**Katy Area Wrestling Club**

**25127 Southbriar Ln.**

**Katy, Tx. 77494**

**Questions/ contact: (713) 447 – 7203**

**[katyareawrestlingclub@hotmail.com](mailto:katyareawrestlingclub@hotmail.com)**

## **Registration Form:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Parent Contact** \_\_\_\_\_

**Parent email** \_\_\_\_\_

**Day time phone** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Age** \_\_\_\_\_ **School** \_\_\_\_\_

**T-Shirt Size** \_\_\_\_\_

**\*\* Any special medical conditions?**

**Allergies or special needs?**

## **Waiver and Medical consent:**

The undersigned parent or guardian of (student's  
name) \_\_\_\_\_

Hereby agrees to hold harmless the Katy Area  
Wrestling Club, it's agents, and sponsors as well as  
the facility owners, Westland Baptist Church,  
against any and all liability claims, judgments or  
demands for damages arising as a result of injuries  
sustained by the student traveling to and from  
Westland Baptist Church, while on the church  
grounds, or while wrestling or taking instruction in  
wrestling.

If medical attention is required for illness or injury  
while attending camp, I give permission for such  
care.

\_\_\_\_\_  
Parent or guardian's signature